

INVOICE

[Manufacturer Name]
[Factory Address]
[Tax ID / VAT Number]

Invoice #: _____

Date: _____

P.O. #: _____

BILL TO:

[Wholesaler Company Name]
[Billing Address]
[Contact Name / Phone]

SHIP TO:

[Warehouse/Distribution Center]
[Shipping Address]
[Shipping Method]

MPN / SKU	DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE

Subtotal: \$ _____

Tax / VAT: \$ _____

Shipping & Handling: \$ _____

TOTAL DUE: \$ _____

Payment Terms: Net [30/60/90] | **Currency:** USD

Wire Transfer Info: Bank: _____ | SWIFT: _____ | Account: _____

Compliance: RoHS/REACH certificates available upon request. Items remain property of manufacturer until full payment is received.